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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Benin

Proposed UNFPA assistance: $12.0 million, $10 million from regular resources and $2.0 million through co-financing arrangements and/or other, including regular, resources

Programme period: 5 years (1999-2003)

Cycle of assistance: Fifth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	5.4	-	5.4
Population and development strategies	2.0	2.0	4.0
Advocacy	2.0	-	2.0
Programme coordination and assistance	0.6	-	0.6
Total	10.0	2.0	12.0

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BENIN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	45.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	3.00	≥55
Access to basic health services (%)[3]	18.0	≥60
Infant mortality rate (/1000)[4]	86	≤50
Maternal mortality rate (/100,000)[5]	160	≤100
Gross female enrolment rate at primary level (%)[6]	33.0	≥75
Adult female literacy rate(%)[7]	19.3	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

1 *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
2 *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
3 *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
4 *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
5 *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
6 *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
7 *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document.*
Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 1995	5336	Annual population growth rate (%)	2.67
Population in year 2000 (000)	6097	Urban	4.73
Sex ratio (/100 females)	97.1	Rural	1.49
Per cent urban	39	Crude birth rate (/1000)	41.4
Age distribution (%)		Crude death rate (/1000)	13.0
Ages 0-14	47.9	Net migration rate (/1000)	-1.7
Youth (15-24)	18.2	Total fertility rate (/woman)	5.80
Ages 60+	4.5	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.4	Males	51.7
Median age (years)	16.0	Females	55.2
Population density (/sq. km.)	47	Both sexes	53.4
		GNP per capita (U.S. dollars, 1994)	370

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, World Population Prospects: the 1998 Revision. Annual population growth, including urban and rural data are from the World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.*

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme over a five-year period, starting in January 1999, to assist the Government of Benin in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $12.0 million, of which $10 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $2.0 million through co-financing arrangements and/or other, including regular, resources, to the extent possible, consistent with Executive Board decision 96/15. This would be the Fund's fifth cycle of assistance to Benin.

2. Benin is classified as a category "A"country in terms of UNFPA resource allocation criteria. The proposed programme has been designed based on the Country Population Assessment (CPA) exercise and was prepared in close collaboration with the Government, United Nations agencies and various non-governmental organizations (NGOs) and other members of civil society. The programme is consistent with the national priorities reflected in the new national population policy, the national health strategy and the national medium-term perspective plan adopted for the period 1998-2002. UNFPA is very active in the United Nations resident coordinator system and has contributed to the elaboration of the Country Strategy Note (CSN) and the preparation of the Common Country Assessment (CCA) and the annual national report on sustainable human development. The drafts of the CSN and CCA have provided important inputs for the preparation of the proposed programme. The proposed programme is harmonized with the programme cycle of UNICEF. Programme implementation would be coordinated with the World Bank and other United Nations agencies, including UNESCO, UNDP, UNICEF, and other donors, particularly the United States Agency for International Development (USAID), the European Union, and the Governments of Germany, the Netherlands and Switzerland.

3. The overall goal of the proposed programme is to contribute to the attainment of the Government's objective of improving the quality of life of the people of Benin by: (a) improving reproductive health; (b) achieving a rate of population growth consistent with the country's resources and sustainable human development goals; and (c) improving the legal, social and political environment so that it is conducive to gender equality and women's empowerment. UNFPA will channel its assistance through three subprogrammes focusing on reproductive health; population and development strategies; and advocacy. Gender concerns will be a cross-cutting dimension of each of the three subprogrammes. The proposed programme would support interventions at the national level and in certain provinces to be selected in consultation with the Government.

4. All activities under the proposed programme, as in all UNFPA assisted activities, would be undertaken within a human rights approach and in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Since 1990, Benin has been experiencing a gradual improvement in the process of democratization. In keeping with the country's democratic trends, the National Population Policy (NPP), which was approved in 1996, was developed with the broad participation of members of civil society, including NGOs, and the Government. The NPP, which is based on the ICPD Programme of Action, calls for an intersectoral and decentralized approach to address the determinants of poverty and population growth in an effort to achieve an improvement in the quality of life for all. In particular, the NPP underscores the need to improve and increase reproductive health services and female education and employment, and to reduce infant, child and maternal mortality.

6. In 1989, the country adopted a structural adjustment programme that has brought about a marked improvement in the economy, with the growth rate increasing from less than 1 per cent during the period 1986-1989 to around 4 per cent between 1990 and 1995. However, the expected economic growth in the medium- and long-term may be jeopardized by a set of population-related problems, including the high rate of population increase, estimated at 3.2 per cent according to data from the 1992 population census. According to the National Statistical Office, this growth rate could further increase to 3.6 per cent by the year 2012. Thus, the population of Benin, estimated to be 5.8 million in 1997, would increase to 10 million by the year 2012 if, inter alia, there is no marked increase in the rate of contraceptive use.

7. Despite the progress made, including greater political stability in the country and an overall increase in the use of health services, the health and socio-economic situation remains precarious. Life expectancy at birth is approximately 57 years for women and 52 years for men. According to the 1996 Demographic and Health Survey (DHS), maternal mortality is high, 498 per 100,000 live births, as are infant mortality, 94 per 1,000 live births, and child mortality, 167 per 1,000. Early child bearing is common: 63 per cent of rural women and 54 per cent of urban women have their first child before the age of 20, and adolescents between the ages of 10 and 20 account for nearly 12 per cent of total births. Pregnancies are frequent and closely spaced; late pregnancies are common and women aged 35 years and over account for 21 per cent of all births. Only 34 per cent of the population has access to health services. Complications from clandestine abortions account for 23 per cent of hospital admissions, and mortality from abortions is high. HIV/AIDS infection has risen from 1 per cent of the total population in 1994, to 4 per cent in 1997. According to the 1996 DHS, the rate of modern contraceptive use is currently as low as 4 per cent, but only 26 per cent of women in union have expressed unmet family planning needs. Reasons for the low rate of contraceptive use in Benin include the following: socio-cultural values that place a high premium on large families; the low status of women; and limited access to and availability of health information and services.

8. The Constitution of 11 December 1990 recognized that all citizens, irrespective of gender, have the right to be involved in the management of the affairs of the community. However, the 1931 customary law of Dahomey, which did not recognize the right of women to own property, still regulates, to a large extent, many aspects of Beninese society, which is heavily influenced by ancestral traditions. According to those traditions, women are perceived only as spouses and mothers and continue to face discrimination in inheritance, child custody, marriage and divorce and may be subjected to various forms of violence, including female genital mutilation (FGM). Despite the adoption by the Government of measures to promote school attendance by girls in rural areas at the primary level, access to education by girls is still limited. Women's participation in decision-making and in the political process is low. According to the 1997 national report on sustainable human development women occupy only 6 out of the 84 seats in Parliament, account for only 16 per cent of the population employed in the formal sector, constitute only 25 per cent of the total number of public servants, and make up only 6 per cent of the employees in the private sector. The rate of illiteracy is estimated at 84 per cent for women compared to 63 per cent for men according to data from the 1992 census. In 1993, only 42.6 per cent of girls aged 5 to 14 were enrolled in primary schools.

Previous UNFPA assistance

9. UNFPA has provided assistance to the Government of Benin since 1972. During the first and second country programmes, 1983-1987 and 1988-1991 respectively, assistance centred on data collection and analysis. However, during the third country programme, 1992-1994, emphasis was placed on promoting women's health and family life education by providing technical support and training for strengthening the maternal and child health/family planning (MCH/FP) delivery system and the institutional capacity of the health and education ministries.

10. The main objective of the fourth country programme, 1995-1998, approved in the amount of $10.0 million, was to contribute to the reduction of high levels of infant and maternal morbidity and mortality by increasing the use of modern contraceptive methods and expanding MCH/FP services. The CPA and other evaluations have concluded that the objectives of the fourth country programme were only partially attained. The programme implementation problems encountered were in part due to over-ambitious objectives and operational difficulties, including those relating to the limited capacity of national managers. Furthermore, UNFPA-supported activities were limited to certain specific provinces while the CPR target that had been set pertained to the whole country. Nevertheless, the programme made a definite impact in terms of enhanced awareness of the new approach to population issues advocated in the ICPD Programme of Action, particularly with regard to reproductive health and gender, and the need to integrate population concerns in development planning. Also, as a result of the training provided by UNFPA, capacity for national execution has improved, as evidenced, inter alia, by the establishment of a national execution unit in the Ministry of Planning. Specifically, the programme contributed to the following achievements: (a) adoption of the NPP, whose major objective is to reduce the population growth; (b) institutionalization of family life education, including

environmental and gender issues, in formal primary and secondary education within the framework of the education reform; (c) consensus within the medical hierarchy on a Minimum Package of Activities (MPA) in reproductive health, consisting of four major components -- women's health, including safe motherhood and family planning combined with efforts to combat infertility and FGM; child health; adolescent/youth health and men's health, including prevention of HIV/AIDS; and the elaboration of reproductive health policy and norms.

11. One of the important lessons learned from the implementation of the fourth country programme is that, while a lack of financial resources may hinder use of established health centres and explain, in part, the low CPR, there are several other determining factors, some of which have already been noted in paragraph 7. Other factors include: unsatisfactory quality of care; lack of involvement of beneficiaries and other members of civil society in the design and implementation of programmes; non-involvement of influential traditional chiefs, kings and religious leaders, who could play a key role in convincing their communities of the benefits of modern family planning methods; and poor or inadequate provision of reproductive health services at most of the health centres. Another important lesson learned is that in order to effect change in men's reproductive behaviour, the emphasis on male responsibility should focus on the broader issues of reproductive health, reproductive rights and gender equality, rather than solely focusing on family planning. This calls for a strong reproductive health information, education and communication (IEC) strategy that would address the needs, as well as the rights and responsibilities, of men and adolescents.

12. A key aspect of the Fund's comparative advantage is that it has the requisite experience to strengthen institutional capacity and the technical competence of service providers. UNFPA has been the only organization to provide support and technical assistance for the elaboration and adoption of the NPP and the integration of population factors in development policies, plans and programmes. The Fund has also provided technical assistance to adapt the reproductive health concept to the Benin context and to define the MPA in reproductive health policies and standards. The proposed programme would use the Fund's comparative advantage and build on the achievements of the previous programme to operationalize the reproductive health concept, to integrate population concerns into health sector and to extend that support to other important sectors, such as education, labour and agriculture. It would also draw on UNFPA's unique and innovative approaches in advocacy with the council of chiefs, kings and queen mothers of Benin and the National Assembly to bring about a positive environment for the implementation of the programme.

Other external assistance

13. Although external assistance accounted for 80 per cent of the country's development budget in the period 1991-1996, most of Benin's development partners are not involved in the population field. UNFPA, UNICEF, WHO and the World Bank are very active in providing support for

reproductive health. For the period 1994-1998, UNICEF pledged a contribution of over $9 million for health and nutrition programmes, including maternal and child health and reproductive health programmes. USAID support for Benin's family health programme, for the period 1999-2003, would amount to $15.0 million with 80 per cent of it being allocated to IEC.

14. The World Bank has earmarked a total amount of $27.0 million for the reproductive health programme, including to strengthen its administration and management and to develop, improve and expand primary health care and family planning services. A number of UNFPA-funded activities, including the training of health service personnel, the provision of contraceptive commodities and the formulation of the NPP have complemented the inputs of other donors and/or provided the framework for those inputs. Several activities related to women and youth have been supported by the Government of Switzerland, UNDP, UNFPA and local NGOs. USAID, UNDP, UNICEF and UNFPA provided support for the 1992 population census and the 1996 DHS. Coordination between various donor agencies in the health sector is promoted through regular meetings convened by the Government.

Proposed programme

15. The overall goal of the proposed programme is to contribute to the attainment of the objectives of the Government of Benin as outlined in paragraph 3. The proposed programme would channel assistance through three subprogrammes. Of the $10 million from regular resources, $5.4 million would be allocated to the reproductive health subprogramme; $2.0 million to the population and development strategies subprogramme; $2.0 million to the advocacy subprogramme; and $0.6 million would be allocated to programme coordination and assistance. Funding in the amount of $2 million would be sought through co-financing arrangements and/or from other sources to support the 2002 census activities and the DHS scheduled for 2001. Potential sources for such funding include USAID and the World Bank. The main expected outputs of the programme would be improved and expanded reproductive health service delivery; strengthened intersectoral responses to population and development concerns; and an enabling environment for addressing population issues, including reproductive health, gender equality, adolescent and male rights and responsibilities, STDs/HIV/AIDS and adolescent pregnancies. The three subprogrammes are described below.

16. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to the increased use of reproductive health services and information by women, men, adolescents and young people and to thereby promote safe and responsible sexual behaviour and practices. This subprogramme would be implemented at the national level. The expected outputs of the subprogramme would be: (a) an increased number of service delivery points; (b) efficient delivery of contraceptives and other reproductive health commodities; (c) an increased number of trained service providers; (d) improved interpersonal communication between providers and clients; and (e) improved programme management. It is anticipated that at the end of the programme period, the contraceptive prevalence

among the population served by the targeted 120 public maternity clinics, 10 army infirmaries, and 15 private companies and NGOs supported by the programme, would have increased from around 3 or 4 per cent to 12 per cent with an increased choice of contraceptive methods being offered, including clinical methods of contraception. It is envisaged that improvements in the utilization of reproductive health services would help to increase the number of women receiving antenatal care from 72 per cent to 80 per cent and the number of deliveries attended by trained personnel from 64 per cent to 80 per cent, thereby helping to reduce maternal mortality. The subprogramme would seek to improve access to and utilization of reproductive health services by women in rural areas.

17. Several activities are envisaged to achieve the above-mentioned outputs. The major ones include: implementing a pilot Safe Motherhood programme; implementing a pilot reproductive health programme for adolescents; and developing and implementing a national IEC strategy for reproductive health. In implementing the pilot Safe Motherhood programme, UNFPA would support an approach broader than the risk approach. The pilot programme would be implemented within the framework of the proposed expansion of the MPA to 120 maternity clinics and would consist of: (a) promoting increased awareness of the benefits that could be derived from prenatal and post-natal counselling, including advocacy for measures that lead to improvements in referral systems and services and targeted IEC campaigns to promote reproductive health; (b) strengthening of safe motherhood services in 42 pilot maternity clinics, including 6 maternity clinics serving as pilot referral centres and 36 other maternity clinics located in community health centres. Pilot activities would focus on prenatal counselling, training of health workers in the norms and procedures of post-natal counselling, the use of post-partum care for the treatment of complications arising from abortions and the provision of post-partum family planning services, the establishment of a referral system for high-risk pregnancies and the training of health workers in the use of the system.

18. In view of the seriousness of adolescent reproductive health problems, pilot adolescent reproductive health activities would be undertaken at the same time that operational research would be carried out to establish baseline data on adolescent reproductive health. The baseline data would enable the monitoring and expansion of the pilot activities. Specifically, the pilot reproductive health programme for adolescents would consist of the provision of adolescent reproductive health services at two university infirmaries (Abomey Calavi and the Institut National d'Economie), and the integration of community based distribution (CBD) services in the activities of six Youth Houses. The reproductive health services would include family life and responsible parenthood education, and family planning services, including HIV/AIDS prevention and sexual health services. In addition, the pilot programme would seek to promote a physical, legal, social and cultural environment that emphasizes gender equality and equity.

19. A national IEC strategy for reproductive health as well as IEC materials will be developed to support the above-mentioned activities and to complement and enhance interpersonal communication

between reproductive health service providers and clients. Materials will be designed to reach specific target groups, especially men, adolescents and young parents. To assist policy decisions and promote best practices, support will be provided to local publications and research networks for the timely dissemination of research findings and results in the area of reproductive health. Furthermore, a reproductive health database and an electronic reproductive health atlas, integrated into the National Health Information System, will be completed to ensure the consistency and validity of the national statistics information system.

20. Population and development strategies. The purposes of this subprogramme are to contribute to: (a) the improvement in the implementation of the NPP by strengthening the institutional capacity of the Division of Population and Human Resources, including through refresher training of nationals, provision of technical assistance by UNFPA Country Support Team (CST) advisers and Technical Support Services (TSS) specialists; and the establishment of a Population Committee in the National Assembly; (b) the empowerment of women, through advocacy for the improvement of women's legal, social and economic situation coupled with support to the Ministry in charge of women's affairs, national NGOs, and associations. Support would be provided to elaborate a national policy for women's empowerment and a family code recognizing women's rights including their reproductive rights; and (c) the improvement of knowledge about population trends through gender-disaggregated data collection and research. Several of these activities would be undertaken in collaboration with other development partners.

21. Support would be provided for technical workshops and for on-the-job and other training to enhance the capacity of national development planners to integrate population variables, including gender concerns into overall and sectoral planning. Selected national institutions will receive support to help sustain high-level training in population and development. Given the very low status of women, one major output of the subprogramme will be the design of gender-sensitive policy measures that are based on better technical knowledge and reliable data. Though no regular resources will be provided for the census, the Fund will provide technical assistance through the CSTs for planning, staff training and data analysis.

22. Advocacy. The purpose of the advocacy subprogramme is to seek the support of policy-makers, legislators and traditional and religious leaders for the NPP, reproductive health and women's empowerment, including girls' education. To this end, policy makers and trade union leaders will be targeted through seminars, workshops and debates and religious leaders through inter-personal communication and dialogue; while kings will be targeted through the secretariat of their national council which will be asked to organize fora and other meetings for kings and queen mothers using traditional ways to facilitate direct dialogue with each chairman of the 13 regional associations of kingdoms. It is expected that the commitment of the different target groups will be evidenced by: (a) sermons in mosques and churches, pastoral letters and the dissemination of relevant messages through the mass media; (b) public declarations by the chairman of the National Council of Kings, and

(c) political and legal frameworks consistent with the implementation of the NPP, reproductive health programmes and women's empowerment policy and programmes, including for girls' education. The expected outcome of these interventions would be a critical mass of influential persons who could act as a pressure group to promote an enabling environment for the implementation of the NPP. NGOs, including Africa-Obota, the Africa Culture Institute and the Association Beninoise pour la Promotion Familiale, would be involved in the advocacy activities.

Programme implementation, coordination, monitoring and evaluation

23. The programme would be executed by the Government, specialized United Nations agencies, national and international NGOs, and UNFPA. Technical backstopping would be provided by the UNFPA CST based in Dakar, Senegal, and from other sources. South-South cooperation modalities would be explored. UNFPA would limit its execution primarily to the procurement of equipment, including contraceptive commodities.

24. The implementation of the proposed programme would be monitored in accordance with UNFPA guidelines and procedures which include annual reviews, progress reports and field monitoring visits. All subprogrammes would include internal and external evaluation exercises. A mid-term review would be organized in 2001 to assess the programme's progress and to formulate recommendations, as needed, for the second part of the programme. A final evaluation would be organized in 2003. The monitoring and evaluation indicators used in the CCA include the ICPD indicators. Data collection and analysis activities, including the 2001 DHS and the 2002 population census, would be used to assess the programme's impact. As envisaged in the United Nations reform initiative, efforts would be made to undertake monitoring and evaluation activities keeping in mind the commitment to coordination with other partners in the United Nations system. The timing of evaluation exercises would also be designed to facilitate the review of the implementation of the Government's Health and Population Policy and Strategy.

25. The overall coordination of the proposed programme would be the responsibility of the Ministry of Planning and the Ministry of Foreign Affairs and Cooperation, in accordance with their respective mandates. More specifically, the implementation of the programme would be jointly coordinated and monitored by the Director of External Resources Coordination of the Ministry of Planning and the Director of International Organizations of the Ministry of Foreign Affairs and Cooperation. This modality has worked well in the past.

26. The Benin field office is composed of a Representative, one Programme Officer, one National Programme Assistant, one Administrative and Finance Assistant and other general service staff.

Recommendation

27. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Government of Benin, as presented above, in the amount of $12.0 million for the period 1999-2003, $10.0 million of which would be programmed from the Fund's regular resources to the extent such resources are available. UNFPA would seek the balance of $2.0 million through co-financing arrangements and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of resources.

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